

UNITED STATES DEPARTMENT OF COMMERCE (FORM NO. 100-1) (REV. 1-1-60)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MM</i>	<i>7091</i>	<i>8/10</i>
O.P.E. CLASSIFIER		<i>21</i>	<i>6/10/60</i>
FORMALITY REVIEW		<i>1-4-17</i>	<i>8-1-60</i>
RESPONSE FORMALITY REVIEW		<i>1-4-17</i>	<i>8-30-60</i>

### INDEX OF CLAIMS

✓ \_\_\_\_\_ Rejected  
 • \_\_\_\_\_ Allowed  
 - (Through amendment) Canceled  
 + \_\_\_\_\_ Restricted  
 N \_\_\_\_\_ Non-elected  
 I \_\_\_\_\_ Interference  
 A \_\_\_\_\_ Appeal  
 O \_\_\_\_\_ Objected

Claim	Date	Claim	Date
1	✓	1	✓
2	✓	2	✓
3	✓	3	✓
4	✓	4	✓
5	✓	5	✓
6	✓	6	✓
7	✓	7	✓
8	✓	8	✓
9	✓	9	✓
10	✓	10	✓
11	✓	11	✓
12	✓	12	✓
13	✓	13	✓
14	✓	14	✓
15	✓	15	✓
16	✓	16	✓
17	✓	17	✓
18	✓	18	✓
19	✓	19	✓
20	✓	20	✓
21	✓	21	✓
22	✓	22	✓
23	✓	23	✓
24	✓	24	✓
25	✓	25	✓
26	✓	26	✓
27	✓	27	✓
28	✓	28	✓
29	✓	29	✓
30	✓	30	✓
31	✓	31	✓
32	✓	32	✓
33	✓	33	✓
34	✓	34	✓
35	✓	35	✓
36	✓	36	✓
37	✓	37	✓
38	✓	38	✓
39	✓	39	✓
40	✓	40	✓
41	✓	41	✓
42	✓	42	✓
43	✓	43	✓
44	✓	44	✓
45	✓	45	✓
46	✓	46	✓
47	✓	47	✓
48	✓	48	✓
49	✓	49	✓
50	✓	50	✓
51	✓	51	✓
52	✓	52	✓
53	✓	53	✓
54	✓	54	✓
55	✓	55	✓
56	✓	56	✓
57	✓	57	✓
58	✓	58	✓
59	✓	59	✓
60	✓	60	✓
61	✓	61	✓
62	✓	62	✓
63	✓	63	✓
64	✓	64	✓
65	✓	65	✓
66	✓	66	✓
67	✓	67	✓
68	✓	68	✓
69	✓	69	✓
70	✓	70	✓
71	✓	71	✓
72	✓	72	✓
73	✓	73	✓
74	✓	74	✓
75	✓	75	✓
76	✓	76	✓
77	✓	77	✓
78	✓	78	✓
79	✓	79	✓
80	✓	80	✓
81	✓	81	✓
82	✓	82	✓
83	✓	83	✓
84	✓	84	✓
85	✓	85	✓
86	✓	86	✓
87	✓	87	✓
88	✓	88	✓
89	✓	89	✓
90	✓	90	✓
91	✓	91	✓
92	✓	92	✓
93	✓	93	✓
94	✓	94	✓
95	✓	95	✓
96	✓	96	✓
97	✓	97	✓
98	✓	98	✓
99	✓	99	✓
100	✓	100	✓

Claim	Date	Claim	Date
1	✓	1	✓
2	✓	2	✓
3	✓	3	✓
4	✓	4	✓
5	✓	5	✓
6	✓	6	✓
7	✓	7	✓
8	✓	8	✓
9	✓	9	✓
10	✓	10	✓
11	✓	11	✓
12	✓	12	✓
13	✓	13	✓
14	✓	14	✓
15	✓	15	✓
16	✓	16	✓
17	✓	17	✓
18	✓	18	✓
19	✓	19	✓
20	✓	20	✓
21	✓	21	✓
22	✓	22	✓
23	✓	23	✓
24	✓	24	✓
25	✓	25	✓
26	✓	26	✓
27	✓	27	✓
28	✓	28	✓
29	✓	29	✓
30	✓	30	✓
31	✓	31	✓
32	✓	32	✓
33	✓	33	✓
34	✓	34	✓
35	✓	35	✓
36	✓	36	✓
37	✓	37	✓
38	✓	38	✓
39	✓	39	✓
40	✓	40	✓
41	✓	41	✓
42	✓	42	✓
43	✓	43	✓
44	✓	44	✓
45	✓	45	✓
46	✓	46	✓
47	✓	47	✓
48	✓	48	✓
49	✓	49	✓
50	✓	50	✓
51	✓	51	✓
52	✓	52	✓
53	✓	53	✓
54	✓	54	✓
55	✓	55	✓
56	✓	56	✓
57	✓	57	✓
58	✓	58	✓
59	✓	59	✓
60	✓	60	✓
61	✓	61	✓
62	✓	62	✓
63	✓	63	✓
64	✓	64	✓
65	✓	65	✓
66	✓	66	✓
67	✓	67	✓
68	✓	68	✓
69	✓	69	✓
70	✓	70	✓
71	✓	71	✓
72	✓	72	✓
73	✓	73	✓
74	✓	74	✓
75	✓	75	✓
76	✓	76	✓
77	✓	77	✓
78	✓	78	✓
79	✓	79	✓
80	✓	80	✓
81	✓	81	✓
82	✓	82	✓
83	✓	83	✓
84	✓	84	✓
85	✓	85	✓
86	✓	86	✓
87	✓	87	✓
88	✓	88	✓
89	✓	89	✓
90	✓	90	✓
91	✓	91	✓
92	✓	92	✓
93	✓	93	✓
94	✓	94	✓
95	✓	95	✓
96	✓	96	✓
97	✓	97	✓
98	✓	98	✓
99	✓	99	✓
100	✓	100	✓

Claim	Date
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	
33	
34	
35	
36	
37	
38	
39	
40	
41	
42	
43	
44	
45	
46	
47	
48	
49	
50	
51	
52	
53	
54	
55	
56	
57	
58	
59	
60	
61	
62	
63	
64	
65	
66	
67	
68	
69	
70	
71	
72	
73	
74	
75	
76	
77	
78	
79	
80	
81	
82	
83	
84	
85	
86	
87	
88	
89	
90	
91	
92	
93	
94	
95	
96	
97	
98	
99	
100	

BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

BEST AVAILABLE COPY